

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/58463**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				2		
7				2		
8				2		
9				2		
10				2		
11				1		
12				1		
13				2		
14				2		
15				2		
16				1		
17				1		
18				2		
19				2		
20				2		
21				2		
22				1		
23				—		
24			1			
25				1		
26				2		
27				2		
28				2		
29				2		
30				2		
31				2		
32				2		
33				2		
34				2		
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36				2		
37				2		
38				2		
39			1			
40				1		
41				2		
42				2		
43				2		
44				—		
45				—		
46				—		
47				—		
48				2		
49				2		
50				2		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	76	←		←
TOTAL CLAIMS			79			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						